

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <u>09677737</u>	FILING DATE 
APPLICANT(S) 	

**FILING DATE**

**APPLICANT(S)**

8110105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
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TOTAL IND.			1			
TOTAL DEP.			4			
TOTAL CLAIMS			5			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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